

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Restoration PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00571588         </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> /          <div style="border: 1px solid black; padding: 2px;">D D D</div> /          <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">10</div> /          <div style="border: 1px solid black; padding: 2px;">19</div> /          <div style="border: 1px solid black; padding: 2px;">2018</div> </div>	

Full Name of Payee <b>Harris Media, LLC</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> /          <div style="border: 1px solid black; padding: 2px;">D D D</div> /          <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> /          <div style="border: 1px solid black; padding: 2px;">02</div> /          <div style="border: 1px solid black; padding: 2px;">2018</div> </div>	
Mailing Address 2131 Theo Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20000.00</div>	
City Austin	State TX	Zip Code 78723	<b>Transaction ID : SE.7625</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> /          <div style="border: 1px solid black; padding: 2px;">D D D</div> /          <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> /          <div style="border: 1px solid black; padding: 2px;">24</div> /          <div style="border: 1px solid black; padding: 2px;">2018</div> </div>
Purpose of Expenditure Digital advertising (placement cost)		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	
Name of Federal Candidate TESTER, JON, , ,		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT         </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">246163.79</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Harris Media, LLC</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> /          <div style="border: 1px solid black; padding: 2px;">D D D</div> /          <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> /          <div style="border: 1px solid black; padding: 2px;">02</div> /          <div style="border: 1px solid black; padding: 2px;">2018</div> </div>	
Mailing Address 2131 Theo Drive		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7500.00</div>	
City Austin	State TX	Zip Code 78723	<b>Transaction ID : SE.7626</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> /          <div style="border: 1px solid black; padding: 2px;">D D D</div> /          <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> /          <div style="border: 1px solid black; padding: 2px;">02</div> /          <div style="border: 1px solid black; padding: 2px;">2018</div> </div>
Purpose of Expenditure Digital advertising (production cost)		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	
Name of Federal Candidate TESTER, JON, , ,		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House District: 00  <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT         </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">757303.79</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">207500.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gaskill, Sherry, , ,*
*[Electronically Filed]*

Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Restoration PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571588
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 19 / 2018</div> </div>	

Full Name of Payee <b>Reed Media Partners, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 02 / 2018	
Mailing Address 1320 N. Courthouse Rd., Ste. 130		Amount 20000.00	
City Arlington	State VA	Zip Code 22201	Transaction ID : SE.7623
Purpose of Expenditure TV advertising (production cost)	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2018	
Name of Federal Candidate TESTER, JON, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: MT	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
		46163.79	

Full Name of Payee <b>Strategic Media Services, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 02 / 2018	
Mailing Address 1911 North Ft. Myer Drive Suite 400		Amount 503640.00	
City Arlington	State VA	Zip Code 22209	Transaction ID : SE.7624
Purpose of Expenditure TV advertising (placement cost)	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2018	
Name of Federal Candidate TESTER, JON, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: MT	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
		749803.79	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	523640.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Gaskill, Sherry, , ,

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Date

MM / DD / YYYY  
12 / 06 / 2018

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NAME OF COMMITTEE (In Full) <b>Restoration PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00571588	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2018	

Full Name of Payee <b>Veralith, Inc.</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2018	
Mailing Address 800 West Fifth Ave.		Amount 163.79	
City Naperville	State IL	Zip Code 60563	Transaction ID : SE.7720
Purpose of Expenditure TV advertising (production cost)	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 27 / 2018	
Name of Federal Candidate TESTER, JON, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
		26163.79	

Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	163.79
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	731303.79

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Gaskill, Sherry, , ,

[Electronically Filed]

Date

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12 / 06 / 2018

Signature